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Bib Data Sheet

CONFIRMATION NO. 8926

SERIAL NUMBER 09/751,278	FILING DATE 12/29/2000 RULE	CLASS 029	GROUP ART UNIT 3729	ATTORNEY DOCKET NO. 00882
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APPLICANTS

William R. Matz, Atlanta, GA;
Timothy H. Weaver, Alpharetta, GA;

** CONTINUING DATA *****

None *mt*

** FOREIGN APPLICATIONS *****

None *mt*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 29	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 17
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>mt</i>				

ADDRESS

Thomas J. Edgington
Kirkpatrick & Lockhart LLP
535 Smithfield Street
Pittsburgh, PA 15222

TITLE

METHOD FOR ALIGNING AN ANTENNA WITH A SATELLITE

FILING FEE RECEIVED 2320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE

GRANTED ** 02/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 29	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 17
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met' after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Thomas J. Edgington
Kirkpatrick & Lockhart LLP
535 Smithfield Street
Pittsburgh, PA 15222

TITLE

Antenna installation methods

FILING FEE RECEIVED 2230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit